

STATE OF ILLINOIS

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Facility Name & ID Number Alden Princeton Rehab & HCC# 0036244 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>225</u>	Skilled (SNF)	<u>225</u>	<u>82,350</u>	1
2		Skilled Pediatric (SNF/PED)			2
3		Intermediate (ICF)			3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>225</u>	TOTALS	<u>225</u>	<u>82,350</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>16,847</u>	<u>1,232</u>	<u>7,196</u>	<u>25,275</u>	8
9	SNF/PED					9
10	ICF	<u>27,734</u>	<u>122</u>	<u>914</u>	<u>28,770</u>	10
11	ICF/DD					11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>44,581</u>	<u>1,354</u>	<u>8,110</u>	<u>54,045</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 65.63%D. How many bed-hold days during this year were paid by Public Aid?

(Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
noneF. Does the facility maintain a daily midnight census? yesG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?
YES ☐ NO ☒H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES ☐ NO ☒I. On what date did you start providing long term care at this location?
Date started 07/01/90J. Was the facility purchased or leased after January 1, 1978?
YES ☒ Date 07/01/90 NO ☐K. Was the facility certified for Medicare during the reporting year?
YES ☒ NO ☐ If YES, enter number
of beds certified 96 and days of care provided 6,968Medicare Intermediary Administar Federal

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 12/31/04 Fiscal Year: 12/31/04
* All facilities other than governmental must report on the accrual basis.

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Report Period Beginning:

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V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	223,697	52,549	9,600	285,846	57	285,903		285,903		1
2	Food Purchase		346,610		346,610	(24,841)	321,769	(71,656)	250,113		2
3	Housekeeping	188,924	23,247		212,171	796	212,967		212,967		3
4	Laundry	48,582	26,649	260	75,491	356	75,847		75,847		4
5	Heat and Other Utilities			209,471	209,471		209,471	2,090	211,561		5
6	Maintenance	36,295	1,039	167,421	204,755	77	204,832	6,814	211,646		6
7	Other (specify):* Related Party Salary							39,968	39,968		7
8	TOTAL General Services	497,498	450,094	386,752	1,334,344	(23,555)	1,310,789	(22,784)	1,288,005		8
	B. Health Care and Programs										
9	Medical Director			54,400	54,400		54,400		54,400		9
10	Nursing and Medical Records	2,214,254	191,666	9,287	2,415,207		2,415,207	(277,588)	2,137,619		10
10a	Therapy	85,451			85,451	5,193	90,644		90,644		10a
11	Activities	75,172	777	7,519	83,468	221	83,689		83,689		11
12	Social Services	40,008			40,008		40,008		40,008		12
13	Nurse Aide Training										13
14	Program Transportation										14
15	Other (specify):* Related Party Salary							29,888	29,888		15
16	TOTAL Health Care and Programs	2,414,885	192,443	71,206	2,678,534	5,414	2,683,948	(247,700)	2,436,248		16
	C. General Administration										
17	Administrative	75,809			75,809		75,809		75,809		17
18	Directors Fees										18
19	Professional Services			686,443	686,443		686,443	(617,125)	69,318		19
20	Dues, Fees, Subscriptions & Promotions			60,009	60,009		60,009	(47,684)	12,325		20
21	Clerical & General Office Expenses	249,829	24,472	53,043	327,344	440	327,784	12,471	340,255		21
22	Employee Benefits & Payroll Taxes			611,712	611,712	17,701	629,413	(18,320)	611,093		22
23	Inservice Training & Education										23
24	Travel and Seminar			4,605	4,605		4,605	12,906	17,511		24
25	Other Admin. Staff Transportation										25
26	Insurance-Prop.Liab.Malpractice			201,429	201,429		201,429	10,215	211,644		26
27	Other (specify):* Related Party Salary			70,982	70,982		70,982	368,038	439,020		27
28	TOTAL General Administration	325,638	24,472	1,688,223	2,038,333	18,141	2,056,474	(279,499)	1,776,975		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	3,238,021	667,009	2,146,181	6,051,211		6,051,211	(549,983)	5,501,228		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

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V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			67,569	67,569		67,569	269,426	336,995			30
31	Amortization of Pre-Op. & Org.							3,180	3,180			31
32	Interest			42,696	42,696		42,696	451,063	493,759			32
33	Real Estate Taxes							290,046	290,046			33
34	Rent-Facility & Grounds			960,810	960,810		960,810	(960,810)				34
35	Rent-Equipment & Vehicles			14,665	14,665		14,665	21,663	36,328			35
36	Other (specify):* mortgage insurance premium							35,605	35,605			36
37	TOTAL Ownership			1,085,740	1,085,740		1,085,740	110,173	1,195,913			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers	623,591	901,843	1,047,418	2,572,852		2,572,852	(243,826)	2,329,026			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops		24		24		24	(24)				41
42	Provider Participation Fee			123,525	123,525		123,525		123,525			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	623,591	901,867	1,170,943	2,696,401		2,696,401	(243,850)	2,452,551			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	3,861,612	1,568,876	4,402,864	9,833,352		9,833,352	(683,660)	9,149,692			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

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VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Refer- ence	3 OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals				4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	12,004	30		9
10	Interest and Other Investment Income	(49,438)	32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax	(563)	2		13
14	Non-Care Related Interest	(20,004)	32		14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees	(12,992)	21		17
18	Fines and Penalties	(10,789)	32		18
19	Entertainment	(1,430)	20		19
20	Contributions	(2,061)	20		20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers	(10,412)	19		22
23	Malpractice Insurance for Individuals				23
24	Bad Debt	(70,982)	27		24
25	Fund Raising, Advertising and Promotional	(40,696)	20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees				27
28	Yellow Page Advertising	(242)	20		28
29	Other-Attach Schedule				29
30	SUBTOTAL (A): (Sum of lines 1-29)	\$ (207,605)		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)	(335,372)	Various	34
35	Other- Attach Schedule	(140,683)	Pg 5A	35
36	SUBTOTAL (B): (sum of lines 31-35)	\$ (476,055)		36
37	(sum of SUBTOTALS TOTAL ADJUSTMENTS (A) and (B))	\$ (683,660)		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		x	\$		38
39						39
40	Gift and Coffee Shops		x			40
41	Barber and Beauty Shops		x			41
42	Laboratory and Radiology		x			42
43	Prescription Drugs		x			43
44	Exceptional Care Program		x			44
45	Other-Attach Schedule		x			45
46	Other-Attach Schedule		x			46
47	TOTAL (C): (sum of lines 38-46)			\$		47

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NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Back out 31.78% of PAC fees from standard IHCA b	\$ (3,775)	20	1
2	Late fees on utilites	(872)	5	2
3	Gift shop expenses	(24)	41	3
4	Medical Records (GL4977)	(540)	21	4
5	Back out credit related to prior year (GL7143-Vendor Sett	(352)	21	5
6	Marketing Manager (GL6701-100-009)	(115,651)	21	6
7	Back out Employee Benefits for Marketing Manager	(18,320)	22	7
8	Depreciation on Deferred Maintenance "Painting" (Pg 22)	575	6	8
9	Back out Painting expense for 2004	(1,724)	6	9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	(140,683)		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number Alden Princeton Rehab & HCC

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Report Period Beginning:

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Ending:

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SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	(563)	0	0	(71,093)	0	0	0	0	0	0	0	(71,656)	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	(872)	0	2,962	0	0	0	0	0	0	0	0	2,090	5
6	Maintenance	(1,149)	0	8,847	0	0	0	(36)	(848)	0	0	0	6,814	6
7	Other (specify):*	0	0	39,968	0	0	0	0	0	0	0	0	39,968	7
8	TOTAL General Services	(2,584)	0	51,777	(71,093)	0	0	(36)	(848)	0	0	0	(22,784)	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	(268,027)	(9,561)	0	0	0	0	0	0	(277,588)	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	29,888	0	0	0	0	0	0	0	0	29,888	15
16	TOTAL Health Care and Programs	0	0	29,888	(268,027)	(9,561)	0	0	0	0	0	0	(247,700)	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	(10,412)	4,580	(611,293)	0	0	0	0	0	0	0	0	(617,125)	19
20	Fees, Subscriptions & Promotions	(48,204)	0	520	0	0	0	0	0	0	0	0	(47,684)	20
21	Clerical & General Office Expenses	(129,535)	0	33,535	101,719	6,752	0	0	0	0	0	0	12,471	21
22	Employee Benefits & Payroll Taxes	(18,320)	0	0	0	0	0	0	0	0	0	0	(18,320)	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	12,906	0	0	0	0	0	0	0	0	12,906	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	9,930	285	0	0	0	0	0	0	0	0	10,215	26
27	Other (specify):*	(70,982)	0	404,695	23,860	10,465	0	0	0	0	0	0	368,038	27
28	TOTAL General Administration	(277,453)	14,510	(159,352)	125,579	17,217	0	0	0	0	0	0	(279,499)	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	(280,037)	14,510	(77,687)	(213,541)	7,656	0	(36)	(848)	0	0	0	(549,983)	29

STATE OF ILLINOIS

Summary B

Facility Name & ID Number Alden Princeton Rehab & HCC

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Report Period Beginning:

01/01/2004

Ending:

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SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Capital Expense	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)
	D. Ownership												
30	Depreciation	12,004	246,880	9,144	0	1,398	0	0	0	0	0	0	269,426 30
31	Amortization of Pre-Op. & Org.	0	1,469	1,711	0	0	0	0	0	0	0	0	3,180 31
32	Interest	(80,231)	478,489	48,543	0	484	3,778	0	0	0	0	0	451,063 32
33	Real Estate Taxes	0	282,490	7,096	0	460	0	0	0	0	0	0	290,046 33
34	Rent-Facility & Grounds	0	(960,810)	0	0	0	0	0	0	0	0	0	(960,810) 34
35	Rent-Equipment & Vehicles	0	0	21,663	0	0	0	0	0	0	0	0	21,663 35
36	Other (specify):*	0	35,605	0	0	0	0	0	0	0	0	0	35,605 36
37	TOTAL Ownership	(68,227)	84,123	88,157	0	2,342	3,778	0	0	0	0	0	110,173 37
	Ancillary Expense												
	E. Special Cost Centers												
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0 38
39	Ancillary Service Centers	0	0	0	(25,995)	(35,168)	(182,663)	0	0	0	0	0	(243,826) 39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0 40
41	Coffee and Gift Shops	(24)	0	0	0	0	0	0	0	0	0	0	(24) 41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0 42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0 43
44	TOTAL Special Cost Centers	(24)	0	0	(25,995)	(35,168)	(182,663)	0	0	0	0	0	(243,850) 44
	GRAND TOTAL COST												
45	(sum of lines 29, 37 & 44)	(348,288)	98,633	10,470	(239,536)	(25,170)	(178,885)	(36)	(848)	0	0	0	(683,660) 45

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VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
See Page 6L						

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	34 Rent Income	\$ 960,810	Princeton Associates	100.00%	\$	\$ (960,810) 1
2	V	32 Investment Income-RR	1,570				(1,570) 2
3	V	19 Accounting Fee				3,950	3,950 3
4	V	19 Misc. Admin Expense				630	630 4
5	V	33 Real Estate Tax				282,490	282,490 5
6	V	26 Property & Liability Insurance				9,930	9,930 6
7	V	32 Interest on Mortgage note				434,827	434,827 7
8	V	32 Interest on Operating Loss Loan				45,232	45,232 8
9	V	36 Mortgage Insurance Premium				35,605	35,605 9
10	V	30 Depreciation				246,880	246,880 10
11	V	31 Amortization				1,469	1,469 11
12	V						
13	V						
14	Total		\$ 962,380			\$ 1,061,013	\$ * 98,633 14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	19 professional fees	\$ 621,776	Alden Management Services		\$	\$ (621,776)	15
16	V	19 professional fees		Alden Management Services		10,483	10,483	16
17	V	21 gen'l & admin		Alden Management Services		33,535	33,535	17
18	V	5 utilities		Alden Management Services		2,962	2,962	18
19	V	6 maintenance		Alden Management Services		8,847	8,847	19
20	V	24 travel & seminar		Alden Management Services		12,906	12,906	20
21	V	26 insurance		Alden Management Services		285	285	21
22	V	20 dues & subscriptions		Alden Management Services		520	520	22
23	V	30 depreciation		Alden Management Services		9,144	9,144	23
24	V	31 amortization		Alden Management Services		1,711	1,711	24
25	V	33 real estate tax		Alden Management Services		7,096	7,096	25
26	V							26
27	V	35 rent-equip & vehicles		Alden Management Services		21,663	21,663	27
28	V	32 interest		Alden Management Services		48,543	48,543	28
29	V	7 salaries - gen'l serv		Alden Management Services		39,968	39,968	29
30	V	15 salaries - health care		Alden Management Services		29,888	29,888	30
31	V	27 salaries - gen'l admin		Alden Management Services		404,695	404,695	31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 621,776			\$ 632,246	\$ * 10,470	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	2 Tube Feeding	\$ 128,582	Pyramid Health Care Services		\$ 57,489	\$ (71,093)
16	V	10 Nursing Supply	293,658	Pyramid Health Care Services		25,631	(268,027)
17	V	39 Per diems/other supplies	59,080	Pyramid Health Care Services		33,085	(25,995)
18	V	21 General & admin		Pyramid Health Care Services		101,719	101,719
19	V	27 General & admin salaries		Pyramid Health Care Services		23,860	23,860
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 481,320			\$ 241,784	\$ * (239,536)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	39 Drugs	\$ 143,247	Forum Extended Care II		\$ 123,556	\$ (19,691)
16	V	10 House Stock	1,991	Forum Extended Care II		1,717	(274)
17	V	39 IV	112,592	Forum Extended Care II		97,115	(15,477)
18	V						
19	V	21 G & A		Forum Extended Care II		6,752	6,752
20	V	32 Interest		Forum Extended Care II		484	484
21	V	33 Real Estate taxes		Forum Extended Care II		460	460
22	V	30 Depreciation		Forum Extended Care II		1,398	1,398
23	V	27 General & admin salaries		Forum Extended Care II		10,465	10,465
24	V	10 Pharmacy Consulting	9,287	Forum Extended Care II			(9,287)
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 267,117			\$ 241,947	\$ * (25,170)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	39 Therapy	\$ 1,024,536	Community Physical Therapy		\$ 841,873	\$ (182,663)	15
16	V	32 Interest		Community Physical Therapy		3,778	3,778	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 1,024,536			\$ 845,651	\$ * (178,885)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
15	V	6 REPAIRS & MAINTENANCE	\$ 24,727	ALDEN BENNETT CONSTRUCTION		\$ 24,691	\$ (36)
16	V						
17	V						
18	V						
19	V						
20	V						
21	V						
22	V						
23	V						
24	V						
25	V						
26	V						
27	V						
28	V						
29	V						
30	V						
31	V						
32	V						
33	V						
34	V						
35	V						
36	V						
37	V						
38	V						
39	Total		\$ 24,727			\$ 24,691	\$ * (36)

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

VII. RELATED PARTIES (continued)

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)	
15	V	6 CARPET CLEANING	\$ 350	ALDEN REALTY - CARPET CARE		\$ 313	\$ (37)	15
16	V	6 FLOOR CLEANING	8,330	ALDEN REALTY - FLOOR CARE		7,519	(811)	16
17	V							17
18	V							18
19	V							19
20	V							20
21	V							21
22	V							22
23	V							23
24	V							24
25	V							25
26	V							26
27	V							27
28	V							28
29	V							29
30	V							30
31	V							31
32	V							32
33	V							33
34	V							34
35	V							35
36	V							36
37	V							37
38	V							38
39	Total		\$ 8,680			\$ 7,832	\$ * (848)	39

* Total must agree with the amount recorded on line 34 of Schedule VI.

STATE OF ILLINOIS

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Facility Name & ID Number ALDEN NURSING CENTER - PRINCETON

003-6244

Report Period Beginning 01/01/04

Ending: 12/31/04

RELATED NURSING HOMES	
Name	City
Note: ANC = Alden Nursing Center	
ANC Lakeland	Chicago
ANC Long Grove	Long Grove
ANC Heather	Harvey
ANC Lincoln Park	Chicago
ANC Northmoor	Chicago
ANC Town Manor	Chicago
ANC Terrace of McHenry	McHenry
ANC Morrow	Chicago
ANC Wentworth	Chicago
ANC Naperville	Naperville
ANC Valley Ridge	Bloomingtondale
ANC Village for Children & Young Adults	Bloomingtondale
ANC Orland Park	Orland Park
ANC Waterford	Aurora
Alden of Old Town East	Bloomingtondale
Alden of Old Town West	Bloomingtondale
Alden Trails	Bloomingtondale
Alden Northshore	Skokie
ANC Des Plaines	Des Plaines
ANC Des Plaines II	Des Plaines
ANC Alma Nelson	Rockford
ANC Park Stratmoor	Rockford
ANC Meadow Park	Rockford
ANC Poplar Creek	Hoffman Estates
ANC Governors' Park	Barrington
ANC Gardens of Rockford	Rockford

OTHER RELATED BUSINESS ENTITIES		
Name	City	Type of Business
The Forum Prof. Center	Chicago	Office rental
Pyramid Health Care	Chicago	Nursing supplies
Forum Extended Care II	Chicago	Pharmacy
Alden Management	Chicago	Management
Alden Estates of Evanston	Evanston	Assisted living
Community Physical Therapy	Wood Dale	Therapy provider
Courts of Waterford	Aurora	Alzheimers unit
Gardens of Waterford	Aurora	Assisted living

NAMES OF OWNERS	OWNERSHIP %s
Stuart Goldsand	6.25
Julian Bailes MD	2.50
Aaron Carl	3.75
Lu Sezenov	6.25
Mildred Schlossberg	12.50
Ronald Eaton	5.00
John Vercillo	3.75
Brett Carl	5.00
Larry Saunders	2.50
Floyd A. Schlossberg	25.00
Joan/Sam Carl	27.50
	<hr/>
	100.00
	<hr/>

STATE OF ILLINOIS

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Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	Floyd Schlossberg a.	President	Chief Executive	25.00	216,973	1.896	4.74	salary	\$ 10,791	27-7	1
2	Lauren Magnusson b.	Nurse coordinator	nursing admin.	0.00	70,064	1.896	4.74	salary	3,485	15-7	2
3	Terry Magnusson c.	Maint. Supervisor	construct/mainten	0.00	47,631	1.896	4.74	salary	2,369	7-7	3
4	Joan Carl d.	Secretary	Vice-President	27.50	216,973	1.896	4.74	salary	10,791	27-7	4
5											5
6											6
7	a. Floyd Schlossberg is the President and sole stockholder of The Alden Group Ltd.										7
8	b. Lauren Magnusson is the daughter of Floyd Schlossberg. Lauren is a nurse coordinator.										8
9	c. Terry Magnusson is the son-in-law of Floyd Schlossberg. Terry is in maintenance and construction.										9
10	d. Joan Carl is the Secretary of Alden Management Services and all nursing facilities. She has an equity interest in Town Manor, Princeton, Valley Ridge,										10
11	North Shore, Orland Park, and Waterford. She has an equity interest in the real estate of Alma Nelson, Park Strathmoor, and Meadow Park.										11
12											12
13								TOTAL	\$ 27,436		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME.
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number Alden Princeton Rehab & HCC # 0036244 Report Period Beginning: 01/01/2004 Ending: 2/31/2004

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization Alden Management Services, Inc.
 Street Address 4200 W Peterson Ave.
 City / State / Zip Code Chicago, IL 60646
 Phone Number (773) 286-3883
 Fax Number (773) 286-3743

B. Show the allocation of costs below. If necessary, please attach worksheets.

1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1	see page 8A (also on page 6A)				\$	\$		\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS				\$	\$		\$	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1	Cambridge		x	Operations	\$4,158.00	2/2003	\$ 738,400	\$ 729,754	2/12/2042	6.1800	\$ 45,232	1	
2	Cambridge		x	Mortgage	\$39,970.00	2/2003	7,098,500	7,015,387	12/31/2042	6.1800	434,827	2	
3	Corus		x	Operations	\$14,445.00	7/1/01	505,555	Paid off			765	3	
4	Therapeutic Systems		x	Working capital							11,137	4	
5												5	
	Working Capital												
6	related party-AMS	x		Working capital							48,543	6	
7	related party-FECH	x		Working capital								7	
8	related party-CPT	x		Working capital							4,262	8	
9	TOTAL Facility Related				\$58,573.00		\$ 8,342,455	\$ 7,745,141			\$ 544,766	9	
	B. Non-Facility Related*												
10	offset PRN Assoc. interest expense with interest income on Repl Reserve										(1,570)	10	
11	offset Corp's interest expense with interest income (GL4964,4983,4646)										(49,437)	11	
12												12	
13												13	
14	TOTAL Non-Facility Related						\$	\$			\$ (51,007)	14	
15	TOTALS (line 9+line14)						\$ 8,342,455	\$ 7,745,141			\$ 493,759	15	

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V. \$ 35,605 Line # 36

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244 Report Period Beginning: 01/01/2004 Ending: 12/31/2004

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 2003 report.		Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.	\$	284,800	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)			\$	279,290	2
3. Under or (over) accrual (line 2 minus line 1).			\$	(5,510)	3
4. Real Estate Tax accrual used for 2004 report. (Detail and explain your calculation of this accrual on the lines below.)			\$	288,000	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)			\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For Tax Year. (Attach a copy of the real estate tax appeal board's decision.)			\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.			\$	282,490	7
Real Estate Tax History:					
Real Estate Tax Bill for Calendar Year:		1999	283,119	8	
		2000	266,501	9	
		2001	273,432	10	
		2002	276,498	11	
		2003	279,290	12	
accrual based on 3% increase over prior year bill.					
		13	FROM R. E. TAX STATEMENT FOR 2003	\$	13
		14	PLUS APPEAL COST FROM LINE 5	\$	14
		15	LESS REFUND FROM LINE 6	\$	15
		16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates **RE:** 2003 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2003 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2003.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2003 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2004 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions, please call the Office of Health Finance at (217) 782-1630.

2003 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME Alden Princeton Rehab & HCC COUNTY Cook

FACILITY IDPH LICENSE NUMBER 0036244

CONTACT PERSON REGARDING THIS REPORT Steven M. Kroll

TELEPHONE (773) 286-3883 FAX #: (773) 286-3743

A. Summary of Real Estate Tax Cost

Enter the tax index number and real estate tax assessed for 2003 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2003.

(A)	(B)	(C)	(D) <u>Tax</u> <u>Applicable to</u> <u>Nursing Home</u>
<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	
1. <u>20-21-413-032-0000</u>	<u>Nursing home facility</u>	\$ <u>719.85</u>	\$ <u>719.85</u>
2. <u>20-21-413-005-0000</u>	<u>Nursing home facility</u>	\$ <u>14,451.48</u>	\$ <u>14,451.48</u>
3. <u>20-21-413-001-0000</u>	<u>Nursing home facility</u>	\$ <u>15,762.84</u>	\$ <u>15,762.84</u>
4. <u>20-21-413-004-0000</u>	<u>Nursing home facility</u>	\$ <u>81,920.46</u>	\$ <u>81,920.46</u>
5. <u>20-21-413-035-0000</u>	<u>Nursing home facility</u>	\$ <u>81,936.74</u>	\$ <u>81,936.74</u>
6. <u>20-21-413-022-0000</u>	<u>Nursing home facility</u>	\$ <u>14,332.98</u>	\$ <u>14,332.98</u>
7. <u>20-21-413-003-0000</u>	<u>Nursing home facility</u>	\$ <u>55,665.59</u>	\$ <u>55,665.59</u>
8. <u>20-21-413-002-0000</u>	<u>Nursing home facility</u>	\$ <u>14,500.05</u>	\$ <u>14,500.05</u>
9. <u></u>	<u>Related Party - Alden Management</u>	\$ <u>149,765.00</u>	\$ <u>7,096.00</u>
10. <u></u>	<u>Related Party - Forum</u>	\$ <u>13,827.00</u>	\$ <u>460.00</u>
	TOTALS	\$ <u><u>442,881.99</u></u>	\$ <u><u>286,845.99</u></u>

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services? YES x NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home. (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used.)

C. Tax Bills

Attach a copy of the original 2003 tax bills which were listed in Section A to this statement. Be sure to use the 2003 tax bill which is normally paid during 2004.

A.

Square Feet:

80,000

B.

General Construction Type:

Exterior

brick

Frame

steel

Number of Stories

3

C.

Does the Operating Entity?

☐ (a) Own the Facility
 ☒ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D.

Does the Operating Entity?

☐ (a) Own the Equipment
 ☒ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E.

List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable).

F.

Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	Nursing home	82,377	1989	\$ 151,068	1
2					2
3	TOTALS	82,377		\$ 151,068	3

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

XL OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4		Related party-Forum		1978	\$ 16,213	\$	22	\$	\$	\$ 16,213	4
5											5
6	225		1990	1989	6,937,625	220,767	30	231,254	10,487	3,353,183	6
7			1992	1992	44,020	280	30	1,467	1,187	18,213	7
8			1993	1993	30,616	692	30	1,021	329	12,519	8
		Improvement Type**									
9		FLOORING/PUMP SWITCH/FREEZER MOTOR/MISC		1991	7,180		VARIOUS			7,180	9
10		EXHAUST PARTS/BOILER REPAIRS/PIPE INSUL/VALVE/FAUCET		1992	11,688	(66)	VARIOUS	(66)		11,826	10
11		WALL PAINT/CARPETING/BASE/MOTOR/PUMP/DOOR/COMPRES		1993	24,066	729	VARIOUS	729		21,437	11
12		DOOR/HEATING COIL/VBOILER VALVE/WATER TANK/EXTINGU		1995	27,107	1,680	VARIOUS	1,680		17,192	12
13		NEW CARPETING		1996	1,400	140	10	140		1,237	13
14		COIL REPLACEMENT(AIR CONDITIONER)		1996	4,821	482	10	482		4,218	14
15		CEILING REPAIRS		1996	1,700	142	12	142		1,251	15
16		INSTALL SB 35 PUMP		1997	3,287	329	10	329		2,411	16
17		SEAL COATING/PATCHING		1997	2,300		5			2,300	17
18		REPAIR KEBO LIFT		1997	1,917		5			1,917	18
19		LONG ELEV(INSTALL GATE RESTRICTOR-ELEV)		1998	6,800	680	10	680		4,647	19
20		SHINE-RITE(STRIP & REFINISH FLOORS)		1998	6,000	600	10	600		3,950	20
21		CORONET MFG		1998	8,970	897	10	897		5,457	21
22		REEDY EQ.(REPAIR DISHWASHERS)		1998	4,612	461	10	461		2,805	22
23		JP Graham(installation)		1999	2,781	278	10	278		1,646	23
24		Northtown (repair steamer)		1999	1,674	167	10	167		948	24
25		Rykoff Sexton(kitchen supplies)		1999	2,337	234	10	234		1,305	25
26		Long Elevator(repair water damage)		1999	2,949	295	10	295		1,548	26
27		Fox Valley(fire alarm inspection)		1999	2,000	133	15	133		689	27
28		ABC(construction management)		1999	785	144	5	144		785	28
29		Kraft Paper (desk & chairs)		1999	2,023	135	15	135		685	29
30		Climate Services(exhaust roof top repair)		1999	2,143	214	10	214		1,089	30
31		New Horizons(install phones and wall mounts)		1999	5,848	585	10	585		2,973	31
32		ABC:Carpentry labor		1999	2,460	246	10	246		1,250	32
33		ABC:Resilient flooring		1999	3,996	400	10	400		2,098	33
34		Equipment International (dryer fan blade)		2000	602	60	10	60		296	34
35		CSI-Coker Service (repair steam table)		2000	1,151	115	10	115		566	35
36		Fox Valley Fire & Safety (fire alarm repair)		2000	776	78	10	78		382	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning:

01/01/2004 Ending: 12/31/2004

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	Equipment International (motor repair - washer)	2000	\$ 1,106	\$ 111	10	\$ 111	\$	\$ 544		37
38	Climate Service (replace hot water valve)	2000	1,303	130	10	130		641		38
39	Kraft Paper Sales Co. (HP 175 RPM)	2000	1,051	105	10	105		508		39
40	DePaul Plumbing (instal water line of outside sprinkler system)	2000	7,054	705	10	705		3,351		40
41	Alden Bennett Construction (time & material billing by facility)	2000	11,158	1,116	10	1,116		5,021		41
42	Fox Valley Fire & Safety (rep faulty devices from fire alarm)	2000	1,672	111	15	111		492		42
43	SKL-COKER SERVICE (dishwasher repair)	2000	1,834	183	10	183		825		43
44	Alden Bennett Construction (time & material billing)	2000	7,777	778	10	778		3,370		44
45	Fox Valley (fire alarm repair)	2000	2,338	234	10	234		974		45
46	ALDEN DESIGN (oxygen site plan)	2000	663	66	10	66		293		46
47	ALDEN DESIGN (oxygen site plan)	2000	357	36	10	36		157		47
48	ALDEN DESIGN (install medical gas system)	2000	1,540	154	10	154		680		48
49	ALDEN DESIGN (plat of survey)	2000	756	76	10	76		321		49
50	Alden Bennett Construction (oxygen tank installation)	2001	23,815	2,382	10	2,382		8,137		50
51	Alden Bennett Construction (lighting fixtures)	2001	63,680	6,368	10	6,368		24,411		51
52	New Horizons Communication (No Invoice)	2001	6,287	629	10	629		2,515		52
53	GT Mechanical Inc (exhaust fan in laundry room)	2001	2,475	165	15	165		660		53
54	CSI-Corker Service Inc(new Boiler installed)	2001	4,713	236	20	236		903		54
55	System Electric,Inc(Installed circuits & receptacles)	2001	1,852	93	20	93		340		55
56	Equipment Int'l (washer repair)	2001	1,110	222	5	222		888		56
57	GT Mechanical Inc (repair freezer)	2001	2,886	577	5	577		2,020		57
58	Alden Bennett (miscell construction)	2001	2,913	291	10	291		1,068		58
59	Hobart (installed amps for serving steamers)	2001	1,828	366	5	366		1,341		59
60	Capps (install preassure reading valve)	2001	3,485	349	10	349		1,104		60
61	Fire Pros (control panel repair)	2001	5,425	543	10	543		1,718		61
62	Alden Bennett (miscell construction)	2001	2,876	288	10	288		935		62
63	Alden Bennett (miscell construction)	2001	1,622	324	5	324		1,000		63
64	Fire Pros (control panel repair)	2002	5,425	543	10	543		1,628		64
65	Alden bennet -- window sills	2002	8,139	814	10	814		2,238		65
66	GT Mechincal -- repair chiller	2002	3,449	690	5	690		1,724		66
67	Alden bennet - nursing call system install	2002	23,320	1,555	15	1,555		3,628		67
68	Simplex Grinnell (4 doors)	2003	4,391	439	10	439		842		68
69	Alden Bennett Construction (time & material billing by facility)	2003	20,159	2,016	10	2,016		3,864		69
70	TOTAL (lines 4 thru 69)		\$ 7,400,302	\$ 253,588		\$ 265,591	\$ 12,003	\$ 3,582,357		70

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,400,302	\$ 253,588		\$ 265,591	\$ 12,003	\$ 3,582,357	1
2	D. B. S. Contracting (sprinkler system)	2003	15,935	5,312	3	5,312		7,968	2
3	Alden Bennett Construction (lamps)	2003	3,339	334	10	334		445	3
4	TNS Inc (DSL Cable)	2004	1,178	216	5	216		216	4
5	Alden Bennett Const (curries flat bar,fire rated access panel)	2004	1,229	205	5	205		205	5
6	Alden Bennett Const (installed fire damper)	2004	2,628	197	10	197		197	6
7	Alden Bennett Const (bathroom floors)	2004	3,945	33	10	33		33	7
8	Alden Bennett Construction (Boiler reparis)	2004	2,746	549	5	549		549	8
9	GT Mechanical (Heater repairs-coil replacement)	2004	5,821	582	10	582		582	9
10	GT Mechanical (Blower motor and fan coil replaced)	2004	1,489	149	10	149		149	10
11	GT Mechanical (Fan coil replacement)	2004	746	68	10	68		68	11
12	CSI Coker Service (steamer, food processor, coffee ura repairs)	2004	1,948	325	5	325		325	12
13	GT Mechanical (air controler,thermostat,switches replaced)	2004	1,966	164	10	164		164	13
14	Long Elevator (replaced car button, single phase rectifier)	2004	1,800	210	5	210		210	14
15	GT Mechanical (A/C, chiller startup)	2004	1,628	217	5	217		217	15
16	Patten CAT (Generator repairs) (AMS Billings)	2004	2,660	266	5	266		266	16
17	Patten CAT (Generator repairs) (AMS Billings)	2004	1,594	133	5	133		133	17
18	Equipment International (Dryer repairs)	2004	2,950	147	5	147		147	18
19	Capps Plumbing (Sink & Boiler repairs)	2004	1,865	31	5	31		31	19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,455,771	\$ 262,727		\$ 274,730	\$ 12,003	\$ 3,594,262	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 7,455,771	\$ 262,727		\$ 274,730	\$ 12,003	\$ 3,594,262	1
2	Related Party-Forum:								2
3	Leasehold Improvement-Remodeling	1980	12,303		15			12,303	3
4	Leasehold Improvement-Remodeling	1980	19,273		20			19,273	4
5	Leasehold Improvement-Tenant Improvement	1987	996		13			996	5
6	Leasehold Improvement-AMS Remodel	1988	14,339		10			14,339	6
7	Leasehold Improvement-Roof	1994	3,572	223	16	223		2,234	7
8	Leasehold Improvement-Build.Improv.	1996	1,259	79	16	79		704	8
9	Leasehold Improvement-Asphalting	2000	98		3			98	9
10	Leasehold Improvement-DAI	2001	172	17	10	17		54	10
11	Leasehold Improvement-Bathrooms	2002	733	82	7	82		181	11
12	Leasehold Improvement-Suite Renovation	2003	1,638	164	10	164		328	12
13	Leasehold Improvement-Plumbing, Construct, Concrete, Doors, etc	2004	1,820	148	7	148		148	13
14	Leasehold Improvement-Add-on Improvement, fixture base	1980	79		23			79	14
15	Leasehold Improvement-Add-on Improvement, lighting base	2001	137	27	5	27		103	15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	Related Party-AMS:								25
26	Leasehold Improvement-Remodeling	1993	5,938		7			5,938	26
27	Leasehold Improvement-Remodeling	2002	4,861	608	7	608		1,215	27
28	Leasehold Improvement-Remodeling	2003	5,085	776	7	776		1,394	28
29									29
30									30
31									31
32	Forum Extended Care, LLC-building/building improv	1999	13,393	266	30	266		2,041	32
33									33
34	TOTAL (lines 1 thru 33)		\$ 7,541,467	\$ 265,116		\$ 277,119	\$ 12,003	\$ 3,655,691	34

**Improvement type must be detailed in order for the cost report to be considered complete.

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 689,782	\$ 54,287	\$ 54,287	\$	various	\$ 502,509	71
72	Current Year Purchases	58,087	3,613	3,613		various	3,613	72
73	Fully Depreciated Assets	423,363	1,846	1,846		various	423,363	73
74								74
75	TOTALS	\$ 1,171,232	\$ 59,746	\$ 59,746	\$		\$ 929,485	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	car engine/bus/van	various/dodge	98-'04	\$ 8,164	\$ 130	\$ 130	\$	3	\$ 7,981	76
77										77
78										78
79										79
80	TOTALS			\$ 8,164	\$ 130	\$ 130	\$		\$ 7,981	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 8,871,931	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 324,992	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 336,995	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ 12,003	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 4,593,157	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$		86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: related party-cost is backed out

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☒ NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

**

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized
by the length of the lease .

9. Option to Buy: ☐ YES ☒ NO Terms: _____ *

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?

☐ YES ☒ NO

16. Rental Amount for movable equipment: \$ 5,350 Description: Copy machine Lease \$2,890 + Postage Meter Rental \$2,460

(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	<u>transport-non-patients</u>		\$ <u>776.25</u>	\$ <u>9,315</u>	17
18					18
19	<u>related party-AMS</u>		<u>1,805.25</u>	<u>21,663</u>	19
20					20
21	TOTAL		\$ <u>2,581.50</u>	\$ <u>30,978</u>	21

10. Effective dates of current rental agreement:

Beginning 10/1/90

Ending 9/20/22

11. Rent to be paid in future years under the current rental agreement:

Fiscal Year Ending Annual Rent

12. /2005 \$ 848,010

13. /2006 \$ 848,010

14. /2007 \$ 848,010

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary. <u>Skilled Nurses on site</u>	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
--	---	--

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility		2	3	4
		Drop-outs	Completed	Contract	Total	
1	Community College Tuition	\$	\$	\$	\$	
2	Books and Supplies					
3	Classroom Wages (a)					
4	Clinical Wages (b)					
5	In-House Trainer Wages (c)					
6	Transportation					
7	Contractual Payments					
8	Nurse Aide Competency Tests					
9	TOTALS	\$	\$	\$	\$	
10	SUM OF line 9, col. 1 and 2 (e)	\$				

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist	39-3	hrs	\$		
2	Licensed Speech and Language Development Therapist	39-3	hrs			22,029				22,029	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist	39-3	hrs			204,652				204,652	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy	See Page 16A	# of prescrpts				108,079			108,079	9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								
10			hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program	39-1,39-3		623,590			95,759			719,349	12
13	Other (specify):	See Page 16A				(182,663)	1,231,253			1,048,590	13
14	TOTAL			\$ 623,590		\$ 270,345	\$ 1,435,091		\$	2,329,026	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

Page 16
Col 5: PT,OT, & ST
Col 6: Other
Amount

XIV. SPECIAL SERVICES (Direct Cost)

Service

1. OT	39-3	\$226,327.25
2. ST	39-3	22,029.08
3.		
4. PT	39-3	204,652.19
5.		
6.		
7.		
8.		
9. Pharmacy	See pg 16A	143,246.53
Plus: Related Party- Forum Drugs		(19,691.00)
Plus: Related Party- Forum I.V.		(15,477.00)
Total to line 9 Pharmacy		108,078.53
10.		
11.		
12. Exceptional Care-Column 3	See pg 16A	623,590.33
12. Exceptional Care-Column 6	See pg 16A	95,758.46
13. Other:Lab, x-ray therapy, Mattress, Pyramid billings		1,048,975.94
Oxygen Cost - IDPA		208,272.00
Related Party- Pyramid		(25,995.00)
Related Party- CPT		(182,663.00)
Total to line 13		1,048,589.94
14. Total		2,329,025.78

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>95,000</u>)	1,289,801	1,289,801	3
4	Supply Inventory (priced at <u> </u>)	255	255	4
5	Short-Term Investments			5
6	Prepaid Insurance		11,393	6
7	Other Prepaid Expenses	4,872	4,872	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>Due fm 3rd parties/Escrows/RR</u>	39,961	692,644	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,334,889	\$ 1,998,965	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,000,000	1,000,000	12
13	Land		155,893	13
14	Buildings, at Historical Cost		6,984,761	14
15	Leasehold Improvements, at Historical Cost	634,081	634,081	15
16	Equipment, at Historical Cost	368,800	1,092,760	16
17	Accumulated Depreciation (book methods)	(602,723)	(4,462,876)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Financing Fees</u>		55,826	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,400,158	\$ 5,460,445	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,735,047	\$ 7,459,410	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 2,167,017	\$ 2,167,017	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	140,678	140,678	28
29	Short-Term Notes Payable	338,513	338,513	29
30	Accrued Salaries Payable	315,261	315,261	30
31	Accrued Taxes Payable (excluding real estate taxes)	20,918	20,918	31
32	Accrued Real Estate Taxes(Sch.IX-B)		288,000	32
33	Accrued Interest Payable	84,523	124,411	33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	<u>accr ins, exps, idpa, sales tax, etc</u>	43,485	43,485	36
37	<u>Accounts Payable(owners or related parties)</u>	1,815,410	1,074,006	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 4,925,805	\$ 4,512,289	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	31,197	31,197	39
40	Mortgage Payable		7,745,141	40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$ 31,197	\$ 7,776,338	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 4,957,002	\$ 12,288,627	46
47	TOTAL EQUITY (page 18, line 24)	\$ (2,221,955)	\$ (4,829,217)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 2,735,047	\$ 7,459,410	48

*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ (795,555)	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ (795,555)	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(1,426,400)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,426,400)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ (2,221,955)	24 *

* This must agree with page 17, line 47.

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.
Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	\$ 8,007,828	1
2	Discounts and Allowances for all Levels	()	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 8,007,828	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	7,112	6
7	Oxygen	156,677	7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 163,789	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs	(7,856)	17
18	Sale of Supplies to Non-Patients		18
19	Laboratory	274	19
20	Radiology and X-Ray		20
21	Other Medical Services	193,095	21
22	Laundry		22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 185,513	23
	D. Non-Operating Revenue		
24	Contributions		24
25	Interest and Other Investment Income***	49,438	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 49,438	26
	E. Other Revenue (specify):****		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Medical Records	540	28
28a	Recovery of Bad debt, Write off Old Amounts Due (related to 28)	(156)	28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 384	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 8,406,952	30

2			
	Expenses	Amount	
	A. Operating Expenses		
31	General Services	1,334,344	31
32	Health Care	2,678,534	32
33	General Administration	2,038,333	33
	B. Capital Expense		
34	Ownership	1,085,740	34
	C. Ancillary Expense		
35	Special Cost Centers	2,572,876	35
36	Provider Participation Fee	123,525	36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 9,833,352	40
41	Income before Income Taxes (line 30 minus line 40)**	(1,426,400)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (1,426,400)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? not yet done If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending:

12/31/2004

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)

(This schedule must cover the entire reporting period.)

		1	2**	3	4	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage	
1	Director of Nursing	1,168	1,248	\$ 50,570	\$ 40.52	1
2	Assistant Director of Nursing	2,016	2,080	66,271	31.86	2
3	Registered Nurses	16,121	16,983	564,221	33.22	3
4	Licensed Practical Nurses	43,088	45,072	1,131,478	25.10	4
5	Nurse Aides & Orderlies	85,707	91,347	904,115	9.90	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,480	1,536	27,755	18.07	9
10	Activity Assistants	5,908	6,201	47,417	7.65	10
11	Social Service Workers	1,904	1,960	40,008	20.41	11
12	Dietician					12
13	Food Service Supervisor	1,928	2,080	40,361	19.40	13
14	Head Cook					14
15	Cook Helpers/Assistants	20,688	22,205	183,336	8.26	15
16	Dishwashers					16
17	Maintenance Workers	1,880	1,888	36,294	19.22	17
18	Housekeepers	20,758	22,021	188,925	8.58	18
19	Laundry	5,801	6,046	48,582	8.04	19
20	Administrator	1,552	1,552	66,141	42.62	20
21	Assistant Administrator	400	448	9,667	21.58	21
22	Other Administrative	9,792	10,652	292,214	27.43	22
23	Office Manager					23
24	Clerical	4,147	4,319	43,065	9.97	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator	3,075	3,437	90,647	26.37	29
30	Habilitation Aides (DD Homes)					30
31	Medical Records					31
32	Other Health C: Unit Director	1,768	1,936	29,073	15.02	32
33	Other(specify) <u>Alzheimers Aides</u>	150	157	1,472	9.38	33
34	TOTAL (lines 1 - 33)	229,331	243,168	\$ 3,861,612 *	\$ 15.88	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
35	Dietary Consultant	Monthly	\$ 9,600	1-3	35
36	Medical Director	Monthly	54,400	10-3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	Monthly	4,752	10-3	39
40	Physical Therapy Consultant				40
41	Occupational Therapy Consultant				41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	86	4,618	11-3	44
45	Social Service Consultant	32	1,705	11-3	45
46	Other(specify)				46
47					47
48					48
49	TOTAL (lines 35 - 48)	117	\$ 75,075		49

C. CONTRACT NURSES

		1	2	3	
		Number of Hrs. Paid & Accrued	Total Contract Wages	Schedule V Line & Column Reference	
50	Registered Nurses		\$ n/a		50
51	Licensed Practical Nurses				51
52	Nurse Aides				52
53	TOTAL (lines 50 - 52)		\$		53

Facility Name & ID Number Alden Princeton Rehab & HCC

0036244

Report Period Beginning: 01/01/2004

Ending: 12/31/2004

XIX. SUPPORT SCHEDULES

A. Administrative Salaries			Ownership %	Amount	D. Employee Benefits and Payroll Taxes			Amount	F. Dues, Fees, Subscriptions and Promotions		Amount
Name	Function				Description				Description		
Chhabra, Summet	assistant administrator			\$ 9,667	Workers' Compensation Insurance		\$ 78,448		IDPH License Fee	\$	
Antoinette Dockens	administrator			66,142	Unemployment Compensation Insurance		105,784		Advertising: Employee Recruitment	802	
					FICA Taxes		286,776		Health Care Worker Background Check		
					Employee Health Insurance		37,589		(Indicate # of checks performed 36)	251	
Administrator (Risa Glantz) costs included in Related Party					Employee Meals		24,841		Surety Bond Fees	1,460	
allocations on line 27.					Illinois Municipal Retirement Fund (IMRF)*				IL. Healthcare Assoc.	8,593	
					Chicago Head Tax		6,276		US Treasury-Dues & Subscriptions	125	
					Union Health & welfare		66,407		Secretary of State-Dues & Subscriptions	200	
					Dental, Life & Pension		25,463		AMS Billings-Dues & subscriptions	374	
					Misc, Tution		(5,498)		related party - AMS	520	
					Drug Tests, 401K Match, Vaccinations		3,327		Less: Public Relations Expense	()	
					Marketing Manager Benefit Deduction		(18,320)		Non-allowable advertising	()	
									Yellow page advertising	()	
TOTAL (agree to Schedule V, line 17, col. 1)				\$ 75,809					TOTAL (agree to Sch. V, line 20, col. 8)	\$ 12,325	
(List each licensed administrator separately.)											
B. Administrative - Other					TOTAL (agree to Schedule V, line 22, col.8)				\$ 611,093		
Description				Amount							
				\$							
TOTAL (agree to Schedule V, line 17, col. 3)				\$	E. Schedule of Non-Cash Compensation Paid to Owners or Employees						
(Attach a copy of any management service agreement)											
C. Professional Services					G. Schedule of Travel and Seminar**						
Vendor/Payee	Type		Amount		Description	Line #	Amount		Description	Amount	
AMS	Management Fees		\$ 621,776				\$		Out-of-State Travel	\$	
BDO Seidman	Accounting fees		10,469								
Kenneth Fisch / Greenberg	Legal Fees		22,008								
Medi.Com	Billing Consultants		1,030						In-State Travel		
Dart Chart Systems	Medicare Consultant		31,160						Auto & Travel	567	
									Gasoline expense	2,313	
									related party-AMS	12,906	
									Seminar Expense		
									IL. Health care Assoc.	985	
									CAHIMA	60	
									IAPA activities conf., AMS Billings	680	
									Entertainment Expense	()	
									(agree to Sch. V, line 24, col. 8)		
TOTAL (agree to Schedule V, line 19, column 3)					TOTAL		\$		TOTAL	\$ 17,511	
(If total legal fees exceed \$2500 attach copy of invoices.)			\$ 686,443								

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

1		2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	Amount of Expense Amortized Per Year								
					FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	see page 22a (too many to fit here)...		\$ 267,137	3-15	\$ 36,751	\$ 24,978	\$ 9,363	\$ 2,101	\$ 2,101	\$ 1,155	\$ 506	\$ 506	\$ 506
2													
3	Alden Bennet Constructio	11/02	4,749	15		53	317	317	317	317	317	317	317
4	Alden Bennet Constructio	7/02	3,170	3		440	1,057	1,057	616				
5	Painting exp>\$1,500-Year	2004	1,724	3				575	575	574			
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		\$ 276,780		\$ 36,751	\$ 25,471	\$ 10,737	\$ 4,050	\$ 3,609	\$ 2,046	\$ 823	\$ 823	\$ 823

Facility Name & ID Number ALDEN NURSING CENTER-PRINCETON 12/31/2004

XIX-II. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY2001	FY2002	FY2003	FY2004	FY2005	FY2006	FY2007	FY2008	FY2009
1	EXHAUST REPAIR *	2/92	3,117	5									
2	BOILER REPAIR *	2/92	3,223	5									
3	Wall papering *	2/93	3,525	5									
4	Repair baseboard *	6/93	1,720	5									
5	Belton airhandles *	11/93	3,283	5									
6	Painting *	12/93	1,344	5									
7	Cooler repair	5/93	1,567	10	157	157	52	0	0	0	0	0	0
8	PAINTING	5/94	14,473	3									
9	Climate service	1/95	4,318	15	288	288	288	288	288	288	288	288	288
10	Painting	2/95	20,117	3									
11	Painting	3/95	6,103	3									
12	Climate service	4/95	1,678	5	0								
13	Painting	4/95	1,920	3									
14	Painting	5/95	930	3									
15	Painting	6/95	1,290	3									
16	Painting	8/95	889	3									
17	Tower cleaners	9/95	4,993	3	0								
18	Painting	9/95	1,169	3									
19	Painting	12/95	1,758	3									
20	Painting *	12/95	1,395	3									
21	PAINTING	12/95	1,395	3									
22	PAINTING	1/96	1,249	3									
23	PAINTING	3/96	994	3									
24	PAINTING	4/96	1,324	3									
25	PAINTING	5/96	1,402	3									
26	PAINTING	3/96	1,406	3									
27	PAINTING	5/96	1,824	3									
28	AIR UNIT REPAIR	5/96	1,800	15	120	120	120	120	120	120	120	120	120
29	PUMP HVAC	4/96	2,457	10	246	246	246	246	246	61			
30	CHILLER HVAC	5/96	1,900	10	190	190	190	190	190	63			
31	CARPET	5/96	6,115	10	611	611	611	611	611	205			
32	MOTOR HVAC	6/96	1,475	15	98	98	98	98	98	98	98	98	98
33	PAINTING	6/96	1,331	3									
34	PAINTING	7/96	2,085	3									
35	PAINTING	7/96	2,169	3									
36	COOLER HVAC	4/96	2,444	5	122	0							
37	PAINT DESK	8/96	5,483	10	548	548	548	548	548	320			
38	PAINTING	12/96	1,747	3									
39	PAINTING	10/96	2,403	3									
40	PAINTING	11/96	2,176	3									
41	PAINTING	9/96	3,279	3									
42	REPAIR WALK-IN COOLER	1/97	2,419	3									
43	REPLACE HVAC PUMP	1/97	5,890	3									
44	HVAC PUMP REPLACEMENT	9/97	3,299	3	0								
45	TEMPERATURE PUMP REPAIR	12/97	1,660	3	0								
46	CLIMATE/REPAIR PUMP MOTOR	1/98	3,051	3	0								
47	CLIMATE/INSTALL HOT WATER	2/98	2,100	3	58	0							
48	M/R ROOTER/REPAIR EJECTOR	6/98	2,000	3	278	0							
49	CLIMATE/BLOWER MOTOR	7/98	16,668	3	2,778	0							
50	CLIMATE/REPAIR A/C	9/98	1,671	3	371	0							
51	PAINTING	3/98	6,291	3	350	0							
52	PAINTING	6/98	5,196	3	722	0							
53	PAINTING	9/98	5,496	3	1,221	0							
54	PAINTING	12/98	4,183	3	1,278	0							
55	CSI (inv 65140/65153/65157)	3/99	1,578	3	526	88	0						
56	Chicago Cooling (assemble A/C)	6/99	2,403	3	801	334	0						
57	CSI(NEED INVOICE)	7/99	2,576	3	859	358	0						
58	CSI(NEED INVOICE)	10/99	3,750	3	1,250	521	0						
59	Painting-\$1,500 for 1999	7/99	14,758	3	4,919	2,460	0						
60	D. B. S. Contracting (20 zone)	5/00	40,090	3	13,363	13,363	4,455	0					
61	Alden Bennett Construction (1999)	7/00	5,498	3	1,833	1,833	916	0					
62	Alden Bennett Construction (1999)	6/00	1,545	3	515	515	215	0					
63	Painting-\$1500 for 2000	07/01	9,747	3	3,249	3,249	1,625	0					
64	TOTALS		267,137		36,751	24,978	9,363	2,101	2,101	1,155	506	506	506

Facility Name & ID Number Alden Princeton Rehab & HCC

STATE OF ILLINOIS

0036244

Report Period Beginning: 01/01/2004

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Ending: 12/31/2004

XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN, LPN, NA) represented by a union? yes
- (2) Are there any dues to nursing home associations included on the cost report? yes
If YES, give association name and amount. IL Healthcare Assoc \$11,880
- (3) Did the nursing home make political contributions or payments to a political action organization? yes If YES, have these costs been properly adjusted out of the cost report? yes
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? no If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? yes
What was the average life used for new equipment added during this period? 10 years
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 18,395 Line 10
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? yes If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? no
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES x NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO x If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 123,525
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? no If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? yes
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? no For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 24,841 Has any meal income been offset against related costs? no Indicate the amount. \$ n/a
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? no
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? no If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? 0
d. Have vehicle usage logs been maintained? yes
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? yes
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? yes
g. Does the facility transport residents to and from day training? no
Indicate the amount of income earned from providing such transportation during this reporting period. \$ n/a
- (17) Has an audit been performed by an independent certified public accounting firm? no
Firm Name: _____ The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? n/a If no, please explain. Not required
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? yes
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? yes
Attach invoices and a summary of services for all architect and appraisal fees.

Alden Nursing Center - Princeton
Reporting Period Beginning
Reporting Period Ending

003-6244
1/01/04
12/31/04

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Reclassifications - Pgs 3 and 4

From Line	To Line	Amount	Description
2		(24,841)	Employee Meal
	22	24,841	Employee Meal
22		(7,140)	Uniforms
	10	5,193	Uniforms
	6	77	Uniforms
	4	356	Uniforms
	1	57	Uniforms
	3	796	Uniforms
	11	221	Uniforms
	21	440	Uniforms
		<hr/>	
		0	Net should be 0